



Iowa Corporation Income Tax Return - Short Form

From ___/___/___ to ___/___/___ ▲

Check the box if this is ☐ (1) Name/Address Change ☐ (2) A Short Period ▲

Corporation Name and Address ▲

Federal T.I.N.: ▲

Business Code: ▲

County No.: ▲

Is this a first or final return? If yes, check the appropriate box.

First Return ▲ ☐ New Business ☐ Successor ☐ Entering IowaFinal Return ▲ ☐ Reorganized ☐ Merged ☐ Dissolved☐ Withdrawn ☐ Bankruptcy ☐ Other

Name of contact person: _____

Phone No.: (____) - ____ - _____

Type of Return: ▲ ☐ 1 Regular Corporation ☐ 2 Cooperative ☐ 3 UBITIs this an inactive corporation? ▲ ☐ Yes ☐ NoWas Federal income or tax changed for any prior period(s)? .. ▲ ☐ Yes ☐ No Period(s) _____Do you have property in Iowa? ▲ ☐ Yes ☐ No

		USE WHOLE DOLLARS
1. Net Income From Federal Return (before Federal Net Operating Loss)	1	▲
2. 50% of Federal Tax Refund <input type="checkbox"/> Accrual <input type="checkbox"/> Cash	2	▲
3. Other Additions (Schedule A)	3	▲
4. Net Income after additions (add lines 1 through 3)	4	
5. 50% of Federal Tax Paid or Accrued <input type="checkbox"/> Accrual <input type="checkbox"/> Cash 5	5	▲
6. Other Reductions (Schedule A)	6	▲
7. Total Reductions (add lines 5 and 6)	7	
8. Income Before Net Operating Loss (subtract line 7 from line 4)	8	
9. Net Operating Loss Carryforward (Schedule F)	9	▲
10. Income Subject To Tax (subtract line 9 from line 8) Do NOT enter an amount below \$0	10	
11. Computed Tax (for Tax Rates, see bottom of page 2) Check box if tax is annualized <input type="checkbox"/>	11	▲
12. Motor Fuel Credit (attach IA 4136)	12	▲
13. Iowa New Jobs Credit (attach IA 133)	13	▲
14. Research Activities Credit (attach IA 128)	14	▲
15. Minimum Tax Credit (provide schedule)	15	▲
16. Other Credits (please specify and see instructions)	16	
17. Total Credits (add lines 12 through 16)	17	▲
17a. Check the box if IA 4136 includes diesel fuel <input type="checkbox"/> 17a	17a	
18. Payments (Schedule C2, line 5, includes estimated tax credit)	18	▲
19. Total Credits and Payments (add lines 17 and 18)	19	
20. Net Amount (subtract line 19 from line 11)	20	
21. Tax Due if line 20 is greater than \$0	21	
22. Penalty (Underpayment of Estimated Tax - attach IA 2220)	22	▲
23. Penalty (Failure to pay or failure to file)	23	▲
24. Interest	24	▲
25. Total Amount Due (add lines 21 through 24) Make check payable to: "TREASURER, STATE OF IOWA"	25	▲
26. Overpayment if line 20 is less than \$0	26	
27. Credit to next period's Estimated Tax	27	▲
28. Refund Requested (subtract line 27 from line 26)	28	▲
Cow-Calf DO NOT use this amount to increase your overpayment, line 26, or to reduce the amount you owe, line 25.		
Refund Cow-Calf Refund (attach IA 132) ▲		
Information from Prior Period Iowa Return: Corporation Name _____		
Net Income/(Loss) \$ ▲ Federal T.I.N.: ▲		

A complete copy of your Federal Return, as filed with the Internal Revenue Service, MUST be filed with this return.

Under penalties of perjury, I declare that I have examined this return, any attached schedules/statements, and, to the best of my knowledge, believe it to be true, correct and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which there is any knowledge.

Officer's Signature _____ Date _____ Title _____

Preparer's Signature _____ Date _____ Preparer's ID No. _____ ▲

Schedule A - Other Additions and Reductions

Enter Whole Dollars

Type of Income	Other Additions	Other Reductions
1 Tax Exempt Interest (see instructions)		
2 Iowa Tax Expense/Refund		
3 Federal Securities Interest (see instructions)		
4 Other (please specify)		
5		
6 Totals (enter on page 1)	(Enter on line 3)	(Enter on line 6)

Schedule C2 - Payments

	1st	2nd	3rd	4th
1 Estimated Tax Payments				
2 Total 1st through 4th				
3 Credit from Prior Period				
4 Voucher Payment				
5 TOTAL (add lines 2, 3 and 4)	(Enter on line 18 of page 1)			

Schedule F - Net Operating Loss

Tax Period Ended	Iowa Loss Incurred	Loss Applied	Unused Loss
1			
2			
3			
4			
5			

Additional Information

(1) Year business was started in Iowa _____ (2) Last period filed as S corporation (if any) _____

Please note IA1120 Schedules B, C1, D, and E do not apply to the IA1120A.

Form IA1120A may be filed if a corporation is filing as an inactive corporation in Iowa or it meets ALL the following requirements:

- | | |
|--|---|
| <p>(1) It does not have any ownership in a foreign corporation.</p> <p>(2) It is not a member of a controlled group of corporations.</p> <p>(3) It is not a personal holding company.</p> <p>(4) It is not a consolidated corporate return filer.</p> <p>(5) Its only dividend income is from domestic corporations, and those dividends qualify for</p> | <p>the 70% deduction, none of which represents debt-financed securities.</p> <p>(6) It does not apportion income within and without Iowa.</p> <p>(7) It is not required to pay minimum tax.</p> <p>(8) It does not have a deduction for nonbusiness income.</p> <p>(9) It does not have any partnership income.</p> |
|--|---|

TAX RATES:

If income shown on line 10 (of page 1) is:

Under \$25,000 then multiply line 10 by 6%

\$25,000 to \$100,000 then multiply line 10 by 8% and subtract \$500

\$100,000 to \$250,000 ... then multiply line 10 by 10% and subtract \$2,500

Over \$250,000 then multiply line 10 by 12% and subtract \$7,500

If annualizing, attach a schedule showing computation.**To obtain schedules and forms:**Website: www.state.ia.us/tax

Tax Fax: 1-800-572-3943

Phone Mail: 1-800-532-1531 (Iowa only) or 515/281-7239

To talk to a tax specialist:

1-800-367-3388 (Iowa, Omaha, Rock Island/Moline)

515/281-3114

Monday, Tuesday, Thursday: 8 a.m. - 4 p.m.

Wednesday, Friday: 9 a.m. - 4 p.m.

MAIL YOUR RETURN TO:

Corporation Tax Return Processing
 Iowa Department of Revenue and Finance
 PO Box 10468
 Des Moines IA 50306-0468